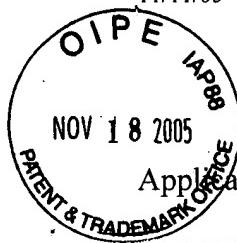


AF/L665
JFW



NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant:

Brian Kilgore

Serial No.:

09/771,929

Group: 2665

Filed:

January 29, 2001

Examiner: Roberta A. Stevens

Confirmation No.: 9084

For: Method and Apparatus for Simple PPP Handoff for Mobile Users

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

Nov. 11, 2005 Elaine Leahy

Date

Signature

Elaine Leahy

Typed or printed name of person signing certificate

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

| 11/21/2005 NNGUYEN1 00000026 09771929

| 01 FC:1253
02 FC:1401

1020.00 OP
500.00 OP

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated June 1, 2005 of the Examiner finally rejecting claims 1, 3-8, and 10-21. The item(s) checked below are appropriate:

1. Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated June 1, 2005 for three months from September 1, 2005 to December 1, 2005.
2. A [] month extension of time to respond to the Office Action Made Final dated [] was filed on [] with payment of a \$[] fee.
 Applicant hereby petitions for an additional [] month extension of time to respond to the Office Action Made Final.
3. A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:

[X] Extension of Time for three month(s)	\$ <u>1020</u>
[] Additional Extension of Time:	
Fee for Extension ([] mo.)	\$ _____
Less fee paid ([] mo.)	\$ _____
Balance of fee due	\$ <u>0</u>
[X] Notice of Appeal	\$ <u>500</u>
[] Other _____	\$ _____
	TOTAL \$ <u>1520</u>

5. The method of payment for the total fees is as follows:

- [X] A check in the amount of \$1520 is enclosed.
- [] Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Mark B. Solomon
Mark B. Solomon
Registration No.:44,348
Telephone: (978) 341-0036
Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date: 11/11/05